

Recommendation:

The Governor's Commission on Medicaid Care Management hereby recommends that the following principles be implemented to guide the transition from the current systems of providing Medicaid funded Long Term Services and Supports (LTSS) to a more efficient, effective, and cost-effective Managed Medicaid Long Term Services and Supports (MLTSS) system to ensure that the individuals who rely on these services experience a smooth transition and maintain a high quality of services and supports.

Rationale:

The Governor's Commission has been tasked with making recommendations to the Governor about issues relating to Medicaid Care Management. The Commission recommends the following vision and principles as a framework to follow in developing the plan and contracts for implementing Step 2 of the Care Management program to include MLTSS. It is important to build on important work that has already been documented through various Real Choice Systems Change grants, the State Innovation Model Process (SIM), and the stakeholder engagement process that is ongoing.

In 2006, funded through a CMS Real Choice grant, a vision and mission for long term services and supports in NH was developed. The development of this vision and mission included a broad cross-section of stakeholders across all populations and ages. At the time, the NH Department of Health and Human Services affirmed this vision and mission. Subsequently, this vision and mission was adopted during the State Innovation Model stakeholder planning process and included as part of the SIM plan which was submitted to CMS. The Commission recommends that this vision and mission be adopted to guide the implementation of Medicaid Managed Long Term Services and Supports in New Hampshire.

The vision for Medicaid Managed Long Term Services and Supports is for all eligible New Hampshire citizens to have access to the full array of long-term supports and services. This allows them to exercise personal choice and control, and affords them dignity and respect throughout their lives. To the greatest extent possible, each citizen should be able to make informed decisions about their aging, health, and care needs. There should be a high level of quality and accountability in everything offered and in everything provided.

The purpose is to create a dynamic and enduring community-based system of long term services and supports, so all New Hampshire citizens may live and age with respect, dignity, choice, and control throughout their life.

In addition, the following principles; that incorporate the principles presented by Governor Hassan to the Governor's Commission, the guidance on MLTSS from the Centers for Medicare and Medicaid Services (CMS), stakeholder forum input, and Federal Medicaid policy, should guide the development and implementation of Medicaid Managed Long

Term Services and Supports (MLTSS) and be used as a guidepost for development of contracts with the MCO's.¹

Principles

1. The state must allow adequate time to engage in a thoughtful and deliberative planning and design process to include: development of a clear vision for the program; incorporation of stakeholder input; education of program participants, LTSS providers, and MCOs; an assessment of system readiness; and development of safeguards and oversight mechanisms to ensure a smooth transition to MLTSS.
2. Stakeholders must be engaged regularly in the development, implementation, and operation of the MLTSS programs. This includes cross-disability representation of individual participants as well as community, provider, and advocacy groups in order to obtain meaningful input into both the planning and operation of MLTSS programs.
3. The MLTSS programs must be implemented consistent with the Americans with Disabilities Act (ADA)² and the Supreme Court's *Olmstead v. L.C.*³ decision. MLTSS must be delivered in the most integrated fashion, in the most integrated setting, and in a way that offers the greatest opportunities for active community and workforce participation.
4. Payment structures must be designed so that they support the goals of the MLTSS programs and the essential elements of MLTSS. Payment structures must be adequate to ensure that participants have choice of MLTSS providers and have access to LTSS through a network that is sufficient in provider number, type, and geographic location so as to ensure the participant access to LTSS that is at least equivalent to that available to the general public in the participant's community. Services must be cost-effective in order to meet the needs of persons waiting for services. Providers must be held accountable through performance-based incentives and/or penalties.
5. Participants must be offered conflict-free outreach and education on MLTSS to ensure that they can make informed decisions in plan selection and plan participation, as well as conflict-free eligibility determinations, enrollment/disenrollment assistance, and advocacy, each provided in a manner that is accessible, ongoing, culturally competent, and consumer-friendly.
6. MLTSS programs must consider the individual and unique needs of the whole person and utilize person-centered needs assessment, service planning, and service coordination policies and protocols. Planning must consider the full range of support needs to include, but not limited to employment supports, work incentive counseling, transportation, and other supports that promote social integration. The program should encourage, but not require, participant self-direction and provide opportunities for self-direction of services.
7. The MCOs must become familiar with NH's LTSS service systems and build on the strengths of these systems.

¹ Principles adapted from "Guidance to States using 1115 Demonstrations or 1915(b) Waivers for Managed Long Term Services and Supports Programs", issued by the Centers for Medicare and Medicaid Services. (May 20, 2013).

² The Americans with Disabilities Act (ADA), 42 USC 126.12101

³ *Olmstead v. L.C.*, 527 U.S. 581 (1999).

8. To promote health, wellness, independence, and self-sufficiency; services that help a recipient gain employment and support employment should be a focal point in care plan development for those participants who wish to work.
9. MCO's must provide and coordinate all physical and behavioral health services and LTSS (including institutional and non-institutional) to ensure that services are integrated and participants receive those services and supports in the amount, duration, scope, and manner as identified through the person-centered assessment and service planning process.
10. The MCOs must develop and maintain a network of qualified LTSS providers who meet state licensing, credentialing, or certification requirements and which is sufficient to provide adequate access to all services covered under the MCO contract. The state should require, through contract provisions, state approval of any MCO provider qualification requirements that materially exceed those of the state Medicaid agency to determine potential impact on the LTSS provider infrastructure for participants and the general population.
11. The state should require, through contract provisions, that LTSS providers be incorporated into the MCO provider network to the extent possible to assure that network adequacy is well demonstrated including geographic and special population's access. As many traditional LTSS providers have little to no experience with MLTSS, MCOs must provide support to providers to assist them in making the transition to MLTSS. This support should include, but not be limited to, areas such as information technology; prior authorizations, claims, and payment processes; and other areas where providers may not have experience or capacity in relation to MLTSS.
12. The state must establish safeguards to ensure that participant health and welfare is assured within the MLTSS program, including a statement of participant rights and responsibilities; a critical incident management system with safeguards to prevent abuse, neglect and exploitation; and fair hearing protections including the continuation of services during an appeal.
13. The NH DHHS shall ensure no reduction in the quality of care of services provided to enrollees in the managed care model and shall exercise all due diligence to maintain or increase the current level of quality of care provided.⁴ Quality should be ensured through the development and implementation of a comprehensive quality strategy that is integrated with any existing state quality strategies. The design and implementation of a quality improvement strategy must be transparent and appropriately tailored to address the needs of the MLTSS population, including measures of quality of life.
14. To ensure efficiency and fiscal responsibility, NH DHHS must maintain a transparent data collection and reporting system that provides a strong feedback loop to assure that MLTSS are being managed in an efficient and responsible manner that meets the unique needs of MLTSS participants.
15. The NH DHHS must have administrative and leadership capacity in the following areas in order to be able to oversee the work of the MCO's in MLTSS: Contract Monitoring and Performance Improvement, Provider Network Adequacy and Access to Services,

⁴ RSA 126-A:5 XIX

Quality Assurance and Improvement, Member Education and Consumer Rights and Rate Setting.⁵

16. MCO personnel with MLTSS responsibilities must have a demonstrated experience and expertise in LTSS and with the populations served, including personnel in leadership, management, utilization review, interdisciplinary care teams, care coordination, and provider relations.

The following resources should be utilized by NH DHHS and the MCO's in their implementation of Medicaid MLTSS programs in NH:

1. Transitioning Long Term Services and Supports Providers Into Managed Care Programs, May 2013, Brian Burwell & Jessica Kasten, Prepared by Truven Health Analytics for CMS, available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/Transitioning-LTSS-.pdf>
2. Summary - Essential Elements of Managed Long Term Services and Supports Programs, CMS, available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/MLTSS-Summary-Elements.pdf>
3. Guidance to States using 1115 Demonstrations or 1915(b) Waivers for Managed Long Term Services and Supports Programs, May 20, 2013, available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/1115-and-1915b-MLTSS-guidance.pdf>
4. Summary of CMS Guidance on Managed Long-Term Services and Supports, May 2013, NSCLC, available at: <http://www.nsclc.org/wp-content/uploads/2013/05/MLTSS-Guidance-052313.pdf>
5. AARP Public Policy Institute, Keeping Watch: Building State Capacity to Oversee Medicaid Managed Long-Term Services and Supports, July 2012 available at: <http://www.aarp.org/health/medicare-insurance/info-07-2012/keeping-watch-building-state-capacity-to-oversee-medicaid-managed-long-term-services-and-supports-AARP-ppi-health.html>

⁵ AARP Public Policy Institute, Keeping Watch: Building State Capacity to Oversee Medicaid Managed Long-Term Services and Supports, July 2012